

What's Being Done About Drug Abuse

A STEAMING CUP of coffee, a frosty mug of beer, a couple of aspirin, a tranquilizer, a marihuana cigarette, and the innocent looking white powder that is heroin have one thing in common: they are drugs.

Few people have used all of them. But most of us in recent years have become aware of the increasing use of drugs of all kinds, and particularly of the mood-altering drugs which have caught the fancy of many young people to a degree which endangers them and alarms their seniors.

Less than 10 years ago, the average American knew little about drugs and had little desire to know more. Probably most people had heard that some jazz musicians and rock singers smoked marihuana, that a few artists and writers had experimented with what they called "mind-expanding" drugs, and that addiction to heroin was a problem in the ghetto. But few realized that drug abuse was at that very moment filtering from isolated groups into the mainstream of American life.

Today, heroin addiction is still most prevalent among the black, the poor, and the alienated. But it is also found in middle-class suburban neighborhoods, and use of the drug has penetrated high school and college campuses. Like all narcotics, heroin is highly addictive; once its users become addicted they are driven to continue taking the drug, less for pleasure than to avoid the misery of withdrawal symptoms. It is estimated that over half a million Americans are addicted to heroin.

Over 20 million have tried marihuana at least once, and use of the drug is steadily increasing among young people, at increasingly early ages. Marihuana is not addictive and has not

been shown to produce serious physical or psychiatric problems at present social levels of use. However, even moderate smoking of marihuana may impair motor performance sufficiently to lead to motor vehicle accidents. And the issue of long-term, chronic use and its effects remains unresolved.

LSD appears to have declined in popularity, at least among adults. However, some college and high school students continue to experiment with this and other drugs which produce hallucinations.

Heroin is an opiate. LSD is a potent hallucinogen, and marihuana is medically classified as a mild hallucinogen. All three are illegal, and in the minds of many they are the dangerous drugs of today. Certainly heroin is the most degrading of drugs. And marihuana is the illegal drug most commonly used. However, the misuse of drugs which can be manufactured and prescribed legally is also a source of growing concern.

Amphetamines have been used to excess as pep pills and diet pills. Potent methamphetamine, injected intravenously, can cause addiction and death.

Barbiturate sleeping pills are addicting and, in one sense, more dangerous than heroin since sudden withdrawal from heavy use of barbiturates can cause death. The combination of barbiturates and alcohol can have the same result.

Tranquilizers are also overused by much of our population, and recently the sedative methaqualone has become popular among some young people.

Perhaps half a million people are directly affected by use of these drugs. Often they are obtained and used illegally, but there is an ample, legal supply available: prescriptions for mood-altering drugs have accounted for

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nearly a fourth of all the prescriptions issued by physicians in the course of a year.

These figures make us reflect on our drug-taking habits as a nation. There is reason to fear not only that drugs are taken too freely and prescribed too easily, but also that their very abundance is creating a climate in which drug abuse cannot help but flourish. This climate, or drug culture, is further nurtured by an ever-growing variety of over-the-counter medicines, temptingly packaged and advertised.

Americans of all ages are using drugs in greater variety and in greater numbers than ever before. Virtually every category of pharmacologic agent that has some sort of effect on mood is being misused at this time.

It seems today that if a chemical can be abused, it will be abused. And, since the use of all sorts of drugs in the next 10 years is expected to increase manifold, we have no reason to believe that the problem of drug abuse will soon disappear.

When we explore the causes of drug abuse, we should remember that many of today's drugs are thousands of years old—for example, marihuana, alcohol, and opium. Throughout recorded history man has used pleasure-giving and pain-killing substances for comfort and protection against the hardships of life and its strains.

What is new is the explosion of experimentation with drugs among our young people and—concurrent with drug use—the disinterest shown by a segment of youth in such traditional activities as schooling and jobs.

Drug users say they take drugs to feel good. Feeling good may mean euphoria, or dreamy languor, or vivid hallucinations.

Drugs can provide excitement. They also can provide refuge from teenage growing pains, or from a hopeless cycle of sordid poverty, the anxieties and stresses of a turbulent existence, the frustration of a mechanized society, or an empty life.

In some young people drug taking

has been attributed to rebellion and hostility toward authority, be it their parents, school, or the establishment world in general. For others, drug use is a way of avoiding or at least postponing the often painful process of growing up, making decisions, and assuming adult responsibility.

Despite the popular notion of the evil "pusher" who lures the young into drug use or addiction, most users try drugs out of curiosity and first obtain them from friends. In many schools and social groups, drugs are "in," and this pressure—"peer pressure"—is probably the most important single factor in the initiation of drug use.

Because drug abuse is such a complex problem, it must be dealt with in a variety of ways. One is law enforcement. Unfortunately, illegal drugs are widely available almost everywhere, and many adults may not realize that it is often easier for a teenager to get marihuana than to get a six-pack of beer.

Traffic in drugs ranges from the international smuggling and sale of heroin by criminal syndicates to a marihuana trade conducted largely by amateurs and small-time operators.

Strenuous efforts are being made by the Department of Justice to cut the international traffic in which profits are astronomical. The Department of State has persuaded Turkey to greatly reduce cultivation of the opium poppy from which heroin is derived, and is negotiating with other countries to reduce foreign production and export of dangerous drugs.

At home, Federal, State, and local law enforcement agencies have increased their efforts to trace and eliminate drug traffic, with heavy penalties now focused on the big pushers of drugs. New, stringent legislation is directed toward preventing the illicit distribution of useful, legal drugs which can be misused.

Legal controls, even if they were multiplied many times over, cannot be a total solution for the drug abuse problem. We must also treat and re-

habilitate those among us who have been snared by drugs and use every means at hand to prevent our children from joining that all too large segment of our population which misuses drugs.

Until recently, treatment for drug abuse meant treatment for addiction to a narcotic, usually heroin. For years, the results were discouraging and it appeared that the majority of addicts suffered from an incurable disease. Now a variety of treatments offer new hope.

All of these treatments are based on

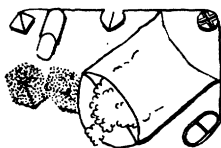
recognition of the fact that narcotic addiction is a stubborn disease and that when addicts are taken off drugs the battle for recovery has only just begun.

Some succeed when, after a period of hospitalization, they join a treatment program in which they are given close supervision and assistance in rebuilding their lives over a period of months or years. Others, in increasing numbers, are turning to methadone treatment programs.

Like heroin, methadone is a narcotic

Identifying Drug Users

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DETECTING DRUG ABUSE is not a simple matter. A youngster who wears his hair differently, changes his manner of dress, and begins to associate with new friends probably is undergoing modifications in his attitude and life style. Such changes, however, are commonly seen in the adolescent years and do not always mean that drugs are being abused.

It may be helpful for a parent to become acquainted with the more usual signs of the physical and behavioral effects of certain drugs, if he understands, at the same time, that such signs are by no means conclusive. They may indicate physical or emotional disorders.

Drugs most frequently abused are narcotics, sedatives, stimulants, and hallucinogens. They all have either a depressant or excitatory effect on the central nervous system of the body.

Persons under the influence of narcotics, such as heroin, generally are drowsy and apathetic, and have little interest in what is going on around them. If, however, they

have been taking the drug on a regular basis, tolerance—which builds up rapidly—can reduce the magnitude of such symptoms.

When a person has been taking heroin or another narcotic long enough to develop physical dependence, a characteristic withdrawal syndrome appears from 8 to 12 hours after the last dose. The most frequent signs, mild at first and becoming more and more pronounced as time goes on, include running nose, watery eyes, yawning and perspiration—as in a bad cold or flu. During the second day following withdrawal, stomach cramps, vomiting, diarrhea, and muscle spasms causing uncontrollable kicking and twitching are usually experienced.

Although not particularly dangerous, the withdrawal period for a narcotic-dependent person can be highly discomforting and painful, and medical help should be sought to relieve distress.

Sedative drugs, such as barbiturates, also have a depressant effect on the central nervous system. But like alcohol, with which they have a cross-tolerance, they can cause giddiness, talkativeness, and agitated behavior during the early intoxication state. These signs are displaced by grogginess, drowsiness, and sleep as time goes on.

Pronounced intoxication effects do not normally occur if the sedative is taken in small therapeutic doses. And it is only through taking larger amounts regularly over a long period of time that physical dependence develops. If that happens, however, it is essential that the person

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and it relieves the "drug hunger" which causes many addicts to relapse. Because it is longer and slower acting than heroin, a daily dose of methadone permits addict patients to hold jobs and resume normal living.

Another still experimental treatment method offers great promise. This is the use of narcotic antagonists, chemicals which set up a form of blockade in the nervous system and prevent narcotics from having any effect at all. Antagonists are not addictive. They

may prove highly useful in treating addicts, and in preventing addiction in young experimenters who are in danger of becoming "hooked."

Help for people who abuse non-narcotic drugs comes in many forms, institutional and informal.

Hospital emergency rooms are geared to treat barbiturate overdosage and acute drug reactions for which prompt medical treatment is essential. Free clinics manned by professional volunteers offer a variety of medical services

who discontinues use be hospitalized and observed closely, because withdrawal from barbiturates in such a case can be dangerous and even fatal unless expertly controlled.

Amphetamines, or pep pills, cocaine, and drugs which resemble amphetamines, such as methamphetamine (speed), are stimulants. Extreme restlessness, irritability, aggressive behavior, and rapid speech can characterize the intoxication period. Fatigue, exhaustion, and severe depression result when effects of the drug wear off.

Because tolerance develops very rapidly to most of the effects of amphetamines, the chronic—as opposed to the beginning or infrequent—user will show few signs of drug taking. This is not true of the user of cocaine, because that drug does not produce any significant degree of tolerance.

Drugs such as LSD and mescaline are in the hallucinogenic class. They are so termed because the more prominent effects of intoxication include perceptual distortions resembling hallucinations. An individual on "a trip" is clearly disoriented with his surroundings. If the delusions he is experiencing are frightening and threatening, rather than pleasurable, he may be panic-stricken and act in unpredictable ways.

Marihuana often is classed as a mild hallucinogen, but it rarely produces the acute feelings of dissociation that the more potent substances do. Marihuana effects can be either stimulant or depressant, depending mainly on the mood of the user when he takes it, his companions, and the physical surroundings. When intoxicated, the user can be light-headed, outgoing,

and cheerful, or he can be drowsy, withdrawn, and sullen.

With low to moderate doses of weak marihuana, such as commonly used in the United States, there are few discernible after effects, although physical and psychological impairment as a result of long-term use is a possibility still under study.

Unless a person is experiencing the effects of a drug at the time or, in the case of narcotics and sedatives, the effects of drug withdrawal, it is extremely difficult to tell who is a drug abuser and who is not. Signs of regular drug taking, however, include:

- Needle "tracks" along the veins of the arms and legs, which indicate intravenous administration probably of heroin or amphetamines.
- Loss of interest in other forms of recreation because of preoccupation with drugs.
- Inability to concentrate for long periods of time.
- Impaired judgment and memory.
- Increased appetite because of food deprivation during intoxication.

Although some persons have their favorite drug and stick to it, many take a combination of substances, either at the same time or in sequence. Some don't really know what they are taking because drugs sold illicitly in the street seldom are what they are touted to be—they often contain cheaper substitutes, adulterants, and contaminants. For these reasons it is important to obtain professional medical care for anyone who is "under the influence" and unable to help himself, so that an appropriate diagnostic examination can be made.

and counseling to the youthful, floating, drug-using population.

Telephone "hot lines" give emergency advice and sustaining comfort to anonymous callers.

At "rap sessions" in storefront club-rooms, church cellars, and other movable informal meeting places, young people discuss their "hassles" and hear out each other's problems. Many adolescents and young adults who view the older generation with skepticism or hostility find comfort and companionship in these meetings. Often, in addition, they develop an incentive to "get their heads together" and find an active, challenging alternative to drug taking.

Treatment services need to be expanded in our communities—not only to help those already hooked on drugs—but as an integral part of our preventive efforts.

Drug abuse is like a communicable disease; it spreads—by example, by word of mouth, and by imitation. Drug abuse is certainly increasing, but so is the number of young people who have tried drugs and want out. As we provide treatment services for them, these young people become able to tell other youth that the drug scene is not as great as they thought it was, before they got hooked. And, of greater importance, they are believed by their contemporaries before experimentation becomes a habit.

Parents can help prevent drug usage by example, by knowledge, and by understanding. If they are to talk to their children about drugs, they must be informed—usually they know far less about drugs than do their children. Ideally, before their child is tempted to experiment, they will have been able to explain to him the futility of the drugged life and—what is even more convincing to young people—the actual damage that a drug abuser does to his body.

Ample informational material on drugs is now available. For a starter, you might want to read *Answers to the Most Frequently Asked Questions*

about Drug Abuse and/or *Tips on Drug Abuse Prevention for the Parents of a Young Child*, obtainable free from the National Clearinghouse for Drug Abuse Information, P.O. Box 1080, Washington, D. C. 20013. Additional reading material and information about films and educational programs also can be obtained from the National Clearinghouse.

Parents may panic when they find evidence that their child is using drugs but this emotion, though understandable, is not likely to help. Drug experimentation does not necessarily mean that a youth has a psychological problem and "needs help." Most adolescent drug abusers are not regular users. Nor are their parents necessarily to blame for their experimenting with drugs, since pressure from their peers is far more convincing to many young people than advice from parents.

While parents have a duty to speak their minds on the subject if drug abuse occurs, their greatest influence will come from the example they set. If they use legal drugs to excess and dole them out unthinkingly, they are training their children to view "pill popping" as normal. If they use alcohol as a crutch, they will have a difficult time in persuading sons or daughters to desist from drug usage.

While the parents' action is legal and their children's is not, they are setting examples of escapism which may be imitated. As adults, they have the opportunity to discourage—by example and not merely words—the "magic potion notion" that drugs can be the remedy for all ills and that a random sampling or overuse of chemicals will bring instant happiness.

